



Advertising Contract 2012

Bill to: Advertiser Ad Agency

Advertiser _____ **Contact** _____
Address _____ **Phone** _____
City, State, Zip _____ **Fax** _____
E-Mail _____

Ad Agency _____ **Contact** _____
Address _____ **Phone** _____
City, State, Zip _____ **Fax** _____
E-Mail _____

Ad Size	Issue Dates		Special
<input type="checkbox"/> Full	2012	2013	<input type="checkbox"/> Cover (See rate card):
<input type="checkbox"/> 1/2 H	<input type="checkbox"/> Feb-Mar	<input type="checkbox"/> Feb-Mar	<input type="checkbox"/> Back <input type="checkbox"/> Inside Front
<input type="checkbox"/> 1/2 V	<input type="checkbox"/> Apr-May	<input type="checkbox"/> Apr-May	<input type="checkbox"/> Inside Back
<input type="checkbox"/> 1/4 H	<input type="checkbox"/> Jun-Jul-	<input type="checkbox"/> Jun-Jul	<input type="checkbox"/> Full Color (See rate card)
<input type="checkbox"/> 1/4 V	<input type="checkbox"/> Aug- Sep-	<input type="checkbox"/> Aug-Sep	<input type="checkbox"/> Preferred Placement (Add 15%):
<input type="checkbox"/> 1/6	<input type="checkbox"/> Oct- Nov	<input type="checkbox"/> Oct-Nov	_____
<input type="checkbox"/> 1/8	<input type="checkbox"/> Dec-Jan	<input type="checkbox"/> Dec-Jan	_____

Classified Ad: SLMMS Member \$40 Nonmember \$50 Over 30 words

Number of Issues (Insertions) _____ Cost Per Ad \$ _____ Total Contract \$ _____

Special Instructions: _____

This authorizes the placement of an advertisement in **St. Louis Metropolitan Medicine** magazine according to the specifications listed above and according to the conditions shown on the Rate Card. **SLMM** rates are non-commissionable. Payment will be made on receipt of monthly statement. Copy furnished is to be continued, per above schedule, unless written instructions to the contrary are received. All advertising is subject to publisher's approval and agreement by the advertiser to indemnify and protect the publisher from loss or expense on claims or suits based upon the subject matter of such advertisements. No agreements recognized except as specified herein.

Advertiser Signature: _____ Date: _____
 Name: _____ Title: _____
 Accepted by: _____ Date: _____

St. Louis Metropolitan Medical Society